| required in all proceedings establishing or modifying IN RE:   | 1                     | CASE NO:<br>FATHER:<br>MOTHER: |                  |               |               |
|--|-----------------------|--------------------------------|------------------|---------------|---------------|
| CHILD SUPP   | ORT OBLIGAT           | ION WORKSHEET (                | CSOW)            |               |               |
| Children   | Children DOB Children |                                |                  | t .           |               |
|  |                       |                                | <del>_</del>     |               | <del></del> - |
|  |                       |                                |                  |               |               |
| 1. WEEKLY GROSS INCOME   |                       |                                | FATHER           | MOTHER        |               |
| A. Subsequent Children Multiplier Credit .065 .097 .122 .137 .146 .155 .164 .173   |                       |                                |                  |               |               |
| B. Child Support [Court Order for Prior Born Child(ren)]   |                       |                                |                  |               |               |
| C. Child Support [Legal Duty for Prior Born Child(ren)]  |                       |                                |                  |               |               |
| D. Maintenance Paid  |                       |                                |                  |               |               |
| E. WEEKLY ADJUSTED INCOME (WAI) Line I minus 1A, 1B, 1C and 1D   |                       |                                |                  |               |               |
| 2. PERCENTAGE SHARE OF TOTAL WAI   |                       |                                | %                | %             |               |
| 3. COMBINED WEEKLY ADJUSTED INCOME (Line 1E)   |                       |                                |                  |               |               |
| 4. BASIC CHILD SUPPORT OBLIGATION Apply CWAI to Guideline Schedules  |                       |                                |                  |               |               |
| A. Weekly Work-Related Child Care Expense of   | Each Parent           |                                |                  |               |               |
| B. Weekly Health Insurance - Total from HIPW   | , Line I (If requir   | ed to be completed}            |                  |               |               |
| 5. TOTAL CHILD SUPPORT OBLIGATION  | (Line 4 plus 4A       | and 4B)                        | XXXXXXX          | *****         |               |
| 6. PARENT'S CHILD SUPPORT OBLIGATION   | (Line 2 times I       | ine 5)                         |                  | <u> </u>      |               |
| ADJUSTMENTS  [ ] Obligation from Post-Secondary Education Worksheet Line J.  |                       |                                | +                | <del>+</del>  |               |
| [ ] Payment of work-related child care by each parent. (Same amount as Line 4A)  |                       |                                | <u>-</u>         | <u></u>       |               |
| [ ] Child(ren)'s Portion of Weekly Health Insurance Premium for parent(s) ordered to provide health insurance (Same amount as Line 4B) |                       |                                | <u>-</u>         | <u>-</u>      |               |
| [ ] Shared Parenting Credit  |                       |                                | <del></del>      |               |               |
| 8. RECOMMENDED CHILD SUPPORT OBLIGA  | ATION                 | ,                              | <u> </u>         |               |               |
| I affirm under penalties   | <del></del>           | the foregoing represent        | tations are true | <u>,</u> l    | XXXXXXX)      |
| r amen nunet benautes  | •                     | the toregoing represent        |                  |               |               |
| Dated:   |                       |                                |                  |               |               |
| UNINSURED HEALTH CARE EXPENSE CALC A. Custodial Parent Annual Obligation: (CSOW Line B. Balance of Annual Expenses to be Paid (Line 2) | ULATION<br>4 Total)+  | (PSEW § Two, Line I)           | \$ = \$ x        | 52 weeks x .0 | 6 = \$        |